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ABSTRACT

The support of friends and religious groups is a critical factor in the ability of parents to adjust to the death of a child. Two groups (N=19 each) of bereaved parents completed a questionnaire to assess their grief reactions. The results found that parents took an average of 11 months to return to an approximate level of personal happiness experienced before their child's death. Religious groups and helping professionals were major sources of support. Parents spent an average of five months to function smoothly again. Mourning practices and the help of medical professionals (doctors, nurses, and psychiatrists) were important supportive components for older parents. The findings suggest that for parents to successfully complete the mourning process, friends, family and professionals need to play a more active role. (Author/JAC)

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HOW WELL DO WE SUPPORT PARENTS AFTER THE DEATH OF A CHILD?

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The ways in which families respond to and recover from the strains of bereavement is of critical importance for the helping professions. By examining what relationships help or hinder the grieving process we might provide better ways of helping the bereft parent.

It is not enough to say that the death of a child in a family causes grief, and leave it at that. Grieving by parents may be strong or weak, brief or prolonged, immediate or delayed. Particular aspects of grieving may be distorted and symptoms that usually cause little trouble may become major sources of distress for some members of the family. Bereavement, while normal and inevitable, is also a serious psychological and social crisis for the family. It is a universal experience of family life. After the immediate shock of the death of a child, the family undergoes a readjustment to the new situation. The emotional and social readjustments to mourning are inevitable, yet our present society with its taboo upon the subject of the death of a child has forced many families to become reluctant to face the fact of death in advance or in retrospect, thus creating feelings of isolation.

Within the historical perspective various cultures have recognized the importance of bereavement in rites of passage and customs which supported bereft families. Religious groups, family members, friends, and in more recent times the medical and helping professions have played a role as care givers. In present Western civilization with its breakdown of beliefs, customs and attitudes, there is a wider range of possible responses to bereavement.

LITERATURE REVIEW

A brief review of the literature on the process of normal grief reactions provides a context to understand the psychological forces that need to be worked through in the bereaved family. Pathological grief reactions or anticipatory grief will not be discussed.

Mourning is the reaction to the loss of a loved one. It is a painful process involving feelings of grief, loss of interest in the outside world, and loss of the capacity to love. This triggers off a struggle within the psyche between a reality of permanent loss, and the will to survive. The individual cannot adopt any new object of love until the work of mourning is complete. It was Freud's (1926) view that the emotionally powerful process of mourning served a most important function for the bereaved individual. He writes:

> Mourning occurs under the influence of reality-testing; for the latter function demands categorically from the bereaved person that he should separate himself from the object, since it no longer exists. Mourning is entrusted with the task of carrying out this retreat from the object in all those situations in which it was the recipient of a high degree of cathexis. (p. 172)

Fenichel (1945) summarized the essence of the mourning process as consisting of two processes: "the first being the establishment of an introjection, the second the loosening of the binding to the introjected object" (p. 394). This concept of introjection as a response to the death of a

loved one provides a way to comprehend the symptoms of normal grief reactions as the ego struggles to escape and at the same time master the pain of loss. Acknowledgement of this reality threatens to flood the ego with the totality of libidinal and aggressive cathexis formerly invested in the love object. Mourning then is the ego's way of slowing down the flood of emotion by loosening the attachment in small quantities.

Other writers have contributed to the understanding of the mourning process. Lindemann (1944) outlined several psychological observations regarding the symptomatology of normal grief reactions concluding that the duration of grief depends upon the success with which the person does their grief work, which is the imancipation from the bondage of the deceased, readjustment to the environment, and the formation of new relationships. Pollock (1961) agreed with Freud that the most important aspect of mourning is its facilitation of the adaptive task imposed by the external world when a death occurs. He emphasized that the process occurs in successive stages. The initial state of shock is followed by the grief reaction proper, during which the work of mourning takes place. The process concludes with the separation reaction in which the inner representation of the object is clearly and finally restructured from a representation of a reality to one of a memory. Kavanaugh (1972) described seven phases that can be identified in the mourning

process: shock, disorganization, volatile emotions, guilt, loss and loneliness, relief, and reestablishment. Kubler-Ross (1969) has emphasized five stages in the grieving process: denial, anger, guilt, preparatory grief, and the goodbye stage. These stages are not separate entities, but subsume one another or blend dynamically. They are also not successive in that anger may be experienced prior to denial or disorganization before shock. Bugen (1977) has provided a model that is not tied to a fixed order of emotional states. He has indicated that two dimensions--closeness of relationship and the mourner's perception of preventability of the death--are identified as prime predictors of the intensity and duration of bereavement.

Parkes (1972) in his study of the determinants of grief, observed that extremely severe and incapacitating reactions were found among mothers who have lost small infants. It may be that the loss of children in the present century has become a rare event yet the ability to accept the loss is evident. Perhaps the smaller size of families is a contributing factor and the tie between each child and his mother is greater. Parkes has also suggested that in our present society we do not expect the loss of a child and are less prepared for this event. Helmrath and Steinitz (1978) have pointed out that parents undergo intense grief reactions following the death of their newborn infant, but frequently fail to receive emotional support from their family and

circle of friends. They concluded:

> Among health-care professionals and society at large, there appears to be a view that parental grieving following the death of a fetus or newborn infant is not as severe or prolonged as that experienced with the death of an older child. This view discounts the effects of bonding by the mother, and possibly the father, to the fetus that begins prior to the birth. (Helmrath & Steinitz, 1978, p. 785)

This study suggested that Western society fails to support parents at a critical time and they are forced to experience mourning in relative isolation. Such evidence may indicate that society's view of the perceived worth of a newborn infant may have changed over time.

Kennell and Klaus (1971) observed a gap in communication between parents after the death of an infant. This lack of communication occurs since both parents are grieving and find little support from each other's feelings. Also, friends and relatives may not be available to work through the task of opening up communication. Helmrath and Steinitz (1978) found that couples who participated in brief therapy and focused on the sharing of feelings between the partners, proved to be the most important factor in the resolution of grief. When dialogue was resumed, the grief work ensued over a four to six-month period of time.

STUDY DESIGN

The present study investigated how well our society supports the family after the death of a child. From the population of parents who have experienced the death of a child, two samples were chosen in the State of North Carolina. The first sample came from a group called Kinder-Mourn which is a nonprofit organization in Charlotte, North Carolina. They are presently offering assistance to parents and families of dead or dying children. The second sample came from a group of bereaved parents located in Greensboro, North Carolina. The samples lack a random method of selection. This was due to the availability of participants and the sensitive nature of the study.

With the cooperation of the staff of these two groups, 20 questionnaires were sent to the Kinder-Mourn group and 13 questionnaires to the bereaved parent group. Fourteen responses were returned from Kinder-Mourn and five from the bereaved parent group. A total of 19 positive responses was received--seven males and 12 females from parents who experienced the death of a child. The average age of participants was 37 years ranging from 20 to 49 years of age. Those who elected not to participate were asked to return the questionnaire. The return of 14 unanswered questionnaires also suggests a sample bias.

A multiple regression technique was used to determine which variables were strong predictors for determining the

following characteristics of parental mourning; how long it takes before parents return to the approximate level of personal happiness they had before the death of their child; how long is it before the family is functioning smoothly again after the death of the child; and the importance of the age of parents. The variables that might influence these characteristics were thought to be the following: the support of medical professionals (doctors, nurses, and psychiatrists); the support of religious groups (religious leaders, parishioner); and the support of family members (spouse, children, relatives); the support of friends (nonfamily); the support of helping professionals (counselors, psychologists, social workers); and the support of mourning practices (funeral rites, sacraments, commemorative anniversary ceremonies).

RESULTS

From a sample of 19 individuals who had experienced the death of a child it took individual parents an average of 11 months to regain the approximate level of personal happiness they had prior to the death of the child. These parents required an average of five months to return to the level of family organization they had held prior to the death of the child.

In the case of Y_1 (recovery time), the relationship between this dependent variable and the combination of the variables, religious groups and helping professionals, was very high as evidenced by the .97 multiple correlation

coefficient. In the case of Y_2 (family functioning), the relationship between this dependent variable and the combination of variables, friends and religious groups was not as strong as Y_1, however a relationship did exist with a .75 multiple correlation coefficient. In the case of Y_3 (age), the relationship between this dependent variable and the combination of the variables, mourning practices and medical professionals, was very high as evidenced by the .99 multiple correlation coefficient. From this sample of 19 individuals two strong relationships emerged: the first and third multiple regression equations.

From this study the best predictors for the time it took to return to an approximate level of personal happiness after the death of a child was the support from religious groups and helping professionals. Medical professionals, family, friends, and mourning practices appeared to be less important. From the second multiple regression equation the best predictors for the time it took families to function smoothly again after the death of a child was the support of friends and the religious groups. Medical professionals, family, helping professionals, and mourning practices seemed to be less important. From the third multiple regression equation the best predictors for age of an individual was mourning practices and medical professionals. Family, friends, religious groups, and helping professionals may be less important.

CONCLUSION

This study was developed to determine which relationships helped or hindered bereft parents after the death of a child in their family. For parents to return to an approximate level of personal happiness they had before the death it was concluded that the church and helping professionals were the major sources of support. Also, it was concluded that for families to function smoothly again, support from friends and religious groups were critical components. It can also be said that mourning practices and medical professionals were the important supportive components in relationship to the age of an individual who has experienced the death of a child. The older the parent, the more important were mourning practices and the help of medical professionals.

The results of this study need to be interpreted with some caution due to the limited nature of the sample. It is recommended that this investigation be followed-up with a larger study.

This study attempted to provide a context to understand the mourning process for bereft parents and how well Western society supports them after the death of a child. A knowledge of the dynamics of grief reactions may assist parents in working through their mourning process. Religious groups, friendships, helping professionals and mourning practices seemed to best support parental grief. For parents to successfully grieve and complete the mourning process it would seem that family members and medical professionals need to play a more

supportive role in the outcome of bereavement and overcome their uncomfortable feelings concerning death, especially when it relates to children. There is a need in our present society to honestly confront our own mortality and feelings about death and relate to a deeper need for human sharing.

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QUESTIONNAIRE CONCERNING THE REACTION OF A PARENT TO THE LOSS OF A CHILD

Instruction

Opposite each question, please circle the number which best describes your present feelings. The information on this questionnaire will remain confidential. Thank you for your assistance.

	NO HELP	LITTLE HELP	AVERAGE HELP	ABOVE AVERAGE HELP	HELPED A LOT
1. How much did the support of medical professionals, (doctors, nurses, and psychiatrists), help you in your bereavement?	1	2	3	4	5
2. How much did the support of the church, (minister, parishioners), help you in your bereavement?	1	2	3	4	5
3. How much did the support of family members, (spouse, children, relatives), help you in your bereavement?	1	2	3	4	5
4. How much did the support of friends, (non-family), help you in your bereavement?	1	2	3	4	5
5. How much did the support of helping professionals, (counselors, psychologists, social workers), help you in your bereavement?	1	2	3	4	5
6. How much did mourning practices or traditions (funeral rites, sacraments, commemorative anniversary ceremonies), help you in your bereavement?	1	2	3	4	5
7. How long has it been since you have experienced the loss of your child? (Answer in months).	18	21	24	27	30
	33	36			

8. Have you reached the level of personal happiness you had before the loss of your child? YES_____ NO_____

9. If yes, then how long did it take before you recovered the level of personal happiness you had before the loss of your child? (Answer in months).

3 6 9 12 15 18

21 24 27 30 33 36

10. How long was it before your family was functioning smoothly again after the loss of your child? (Answer in months).

3 6 9 12 15 18

21 24 27 30 33 36

11. Please state your age in years. YEARS_____

12. Please check: MALE_____ FEMALE_____